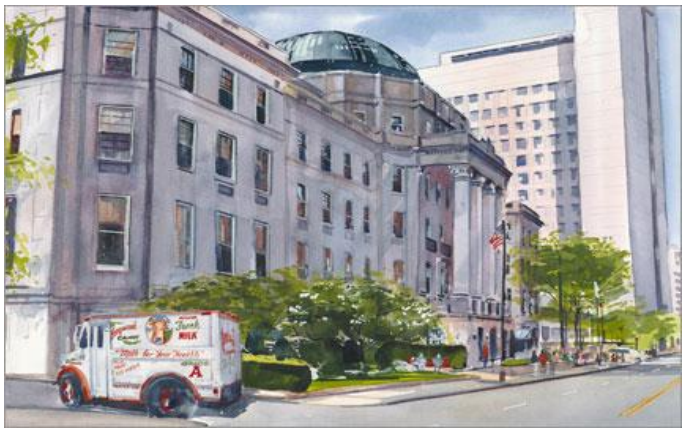
Boston Children's Hospital

Child & Adolescent Psychiatry



Residency Training Program

Harvard Medical School

Boston Children's Hospital *A teaching affiliate of Harvard Medical School*

Department of Psychiatry
300 Longwood Avenue, Boston, Massachusetts 02115
Tel 857-218-5053
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E-mail robert.kitts@childrens.harvard.edu

May 2013

Dear Applicant:

We are delighted that you are inquiring about our training program in Child and Adolescent Psychiatry at Boston Children's Hospital and Harvard Medical School. Our program has graduated over three hundred distinguished child and adolescent psychiatrists who have gone on to successful careers in the clinical, educational, administrative, advocacy, and research realms, including the contributions made by our graduates in thousands of scholarly publications; many of which have influenced the creation of cutting-edge clinical services that are evidence-based and multi-modal. Our department and faculty have and continue to spearhead innovative community-based programs and preventive interventions. We actively work to integrate these into our training program, as we continually evolve to meet the critical training needs of our developing child and adolescent psychiatrists.

We are passionate about education and training, and we look forward to receiving your application and to learning more about your interests and career goals.

Sincerely,

Robert Li Kitts, MD
Director of Residency Training
Director of the Klingenstein 3rd Generation Foundation Fellowship for Medical Students, Harvard Medical School

David R. DeMaso, MD
Psychiatrist-in-Chief & Chairman of Psychiatry
The Leon Eisenberg Chair in Psychiatry
Professor of Psychiatry & Pediatrics, Harvard Medical School

THE DEPARTMENT OF PSYCHIATRY AT BOSTON CHILDREN'S HOSPITAL

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THE DEPARTMENT OF PSYCHIATRY AT BOSTON CHILDREN'S HOSPITAL

OUR DEPARTMENT VISION

Working Together To Help Children & Families Achieve Healthy Development

OUR TRAINING MISSION

Educate the next generation of child and adolescent psychiatrists to provide excellence and leadership in all aspects of child mental health

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CHILD & ADOLESCENT PSYCHIATRY – OUR TRAINING APPROACH

We in the Department of Psychiatry at Boston Children's Hospital recognize that human development is shaped over time by ongoing dynamic transactions between biology and experience. We contend that successful development and developmental psychopathology are best viewed as resulting from successes or failures in attachment and self-regulation; the latter occurring in one or more of the domains of affect, thought, and behavior. This vantage point provides useful scaffolding upon which to organize and integrate the biological, psychological, and social contributions to mental health and illness within an overarching contextualized developmental framework.

In such a framework the child and adolescent psychiatrist with a holistic view of development and developmental psychopathology is able to appreciate the roles played by the broader social context that families live in, the contributions of families and caregivers themselves, and the risks presented by biological factors that can lead to adaptive and maladaptive outcomes in child development. The child and adolescent psychiatrist trained in this manner is able to consider a full complement of evidence-based interventions to address causal factors identified in each of these spheres of influence.

We want to train child and adolescent psychiatrists to help children achieve healthy attachments and adaptive self-regulation so that they may function better within themselves, within their families, with peers, in school, and in their communities. We want to provide this training in a broad range of settings –

schools, community mental health centers, courts of law, and of course the hospital – so that residents have an opportunity to master the unique challenges posed by each venue. Furthermore, we want to provide training in a full spectrum of intervention modalities – from prevention, to early intervention, to clinical treatment – so that residents are well prepared to provide services at each of these levels.

Our primary means of attaining these goals is an experiential teaching model that pairs residents with faculty - whether in the acute inpatient psychiatric or consultation-liaison settings, the outpatient clinic, or community settings - so that clinical care and teaching are never separated from each other. With the proximity of experienced faculty, these diverse venues can provide innumerable opportunities for residents to observe, to model, learn and to practice the core competencies that are central to the work of a well-trained child and adolescent psychiatrist: namely, patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice.

Finally, we believe that we must provide child mental health services that emphasize family centered and culturally competent care, increased accessibility, established practice parameters, outcome assessment, and community-based partnerships. We stress accountability and quality in our training program. We embrace research that informs clinical practice and that involves interdepartmental collaborations.

Ultimately, we expect that our graduates will improve the quality of life and reduce the burden of suffering for children and families that face disabling mental illnesses, thereby fostering the successful development of the children they serve. We anticipate that our alumnae will work across the spectrum of administrative, clinical, educational, advocacy, and research settings, using existing evidenced based approaches or investigating new ones; and that they will work to empower patients, families, and communities through mental health advocacy at multiple levels.

Future Directions

Child and adolescent psychiatrists are facing a time of tremendous opportunity and challenge. There has been remarkable progress in behavioral science ranging from our expanded scientific knowledge base, to the introduction of new medications, to the development of manual-based psychosocial treatments. We have entered an era of neuroscience that will rewrite our understanding of development, mental health and mental illness, and change the very nature of our practice. We have come to realize the pivotal role that experience has on

developing brain architecture, and therefore the role that both preventive and clinical interventions can play in mental health and development.

Yet, even with all this progress, the gap between "what we know" and "what we do" remains wide. The stigma of mental illness lingers and continues to hamper advocacy efforts on behalf of accessible, quality mental health care for all. Our mental health system is characterized by fragmented care, service gaps, access problems, inadequate service payments, and insurance carve outs. We face significant challenges in the need to implement parity legislation and a national clinical trials registry, while responding to the critical shortage of qualified child and adolescent psychiatrists.

At Children's, we believe that we must translate "what we know" into "what we do" across the spectrum of psychiatric illnesses, and in all the settings where children and their families live and seek care. We must bring *knowledge to children and families*. We must continue our mental health advocacy efforts on behalf of children and their families. We must emphasize community-based partnerships, such as those with educators and pediatricians, who share our concerns about the mental health and well being of children and adolescents. It is in the context of these remarkable times that we must help prepare the next generation of leaders in child and adolescent psychiatry. We want to prepare individuals who can meet the present and future challenges in our field and take leadership roles in addressing them.

David R. DeMaso, MD
Psychiatrist-in-Chief &
Chairman of Psychiatry

Robert Li Kitts, MD
Director of Residency Training

PSYCHIATRY AT BOSTON CHILDREN'S HOSPITAL
OUR TEACHING FACULTY

Department Chair: David R. DeMaso, MD

Training Director: Robert L. Kitts, MD

Consultation Service
Myron Belfer, MD
Simona Bujoreanu, PhD
David R. DeMaso, MD
Melissa Freizinger, PhD
Katherine Gallagher, PhD
Georgina Garcia, MD
Jennifer Gentile, PhD
Patricia Ibeziako, MD
Robert L. Kitts, MD
Kristine McKenna, PhD
Nina Muriel, MD
Pamela Plucinski, NP

Inpatient Service
Nicola DeMontille, LICSW
Peter Ducharme, LICSW
Gary Gosselin, MD
Peter Hunt, PhD
Colleen Ryan, MD
Molly Schofield, LICSW
Michael Trieu, MD

Outpatient & Emergency Services
Ariel Botta, LICSW
Renee Brant, MD
Barbara Burr, MD
Marcus Cherry, PhD
Eugene D'Angelo, PhD
Stuart Goldman, MD
Joseph Gonzalez-Heydrich, MD
Colleen Hayden, LICSW
Hesham Hamoda, MD
Robert Howard, LICSW
Roberta Isberg, MD
Sergio Korndorfer, MD
Scott Leibowitz, MD
Lauren Mednick, PhD
Enrico Mezzacappa, MD
Giulia Mezzacappa, MD
Kaizad Munshi, MD
Roslyn Murov, MD
Joshua Sparrow, MD
Elizabeth Wharff, PhD, LICSW

Neighborhood Clinics and School Partnerships
Shella Dennery, PhD, LICSW
Nina Graupera, MD
Giulia Mezzacappa, MD
Heather Walter, MD, MPH

Boston Medical Center
Natalija Bogdanovic, MD
Asma Rashid, MD, MPH
Heather Walter, MD, PhD

Adolescent Substance Abuse Program
Sharon Levy, MD
Patricia Schram, MD

Developmental Medicine
Kerim Munir, MD
Ludwik Szymanski, MD

Family Court Clinic
Mark Bleier, PhD

Child Neurology
Sarah Spence, MD
David Urion, MD

Psychiatry Quality Program
Giuseppe Raviola, MD, MPH

Program for Behavioral Science (Research)
Heidi Als, PhD
William R. Beardslee, MD
Michelle Bosquet, PhD
David R. DeMaso, MD
Heidi Ellis, PhD
Joseph Gonzalez-Heydrich, MD
Eugene Goldfield, PhD
Hesham Hamoda, MD
Deborah Waber, PhD

PSYCHIATRY AT BOSTON CHILDREN'S HOSPITAL
MENTORING & SUPERVISING

We are committed to teaching, mentoring and supervising as we strongly care about the development of our residents. We want to provide the appropriate amount of scaffolding to promote clinical, professional and academic advancement while progressively increasing autonomy to promote empowerment, independence and leadership.

Throughout the full two-years of training, residents will always have at least 4 supervisors/mentors often tailored and selected based on the specific interest and style of the resident:

1- **Faculty Mentor** - The faculty mentor remains with that resident for the full two-years of training unless the residents requests another mentor that may be a better fit as we promote flexibility. The primary responsibility of this mentor is to guide residents in the process of professional self-awareness and self-discovery as they are exposed over time to the training experiences we offer in our program. They play an important role all along in facilitating each resident's continued professional development and their transition to practice and other career choices.

2- **Academic Mentor** – The academic mentor supports the resident on a scholarly project of the resident's choice. It can be the same or different mentor for each year pending the resident's request. A scholarly project can vary based on the professional and academic goals and interests of the resident. It could be writing a paper, starting or continuing a study, creating educational material, assisting with mental health advocacy at a governmental level; the opportunities are endless. However, our first priority is to develop a skilled clinician. Therefore, we respect the workload of the residents when it comes to scholarly projects, particularly during the first year as they have less time to work on such a project. First year may be used to identify a project, plan for one, start one or complete one; this may vary per resident, and the mentor is not there to pressure them but to support them.

3- **Psychopharmacology Supervisor** – Provide weekly supervision regarding patients seen in our developmental neuropsychiatry clinic. Supervisor might differ each year.

4- **Psychotherapy Supervisor** - Provide weekly supervision regarding patients seen for psychotherapy in our outpatient psychiatry service. Supervisor might differ each year.

Finally, we support a culture of collaborating, sharing and growth. We promote second year residents to be informal mentors to first years and first years to be so to general psychiatry residents and medical students. We are fully aware that our residents will graduate and be leaders within a snap of the finger.

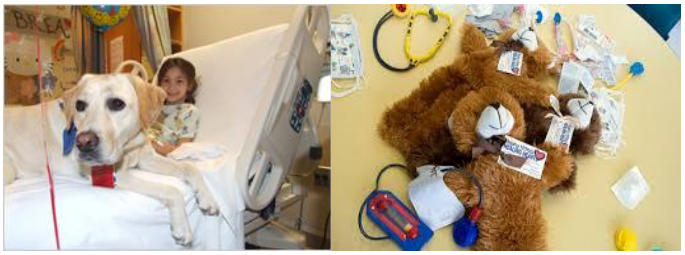
OUR TRAINING SITES

Clinical Programs

Our clinical programs are comprised of five overarching services: collaborative care, community, consultation-liaison, inpatient, and outpatient. With approximately 15,000 outpatient visits, 1,200 emergency room consultations, 1,100 hospital consultations, 260 inpatient admissions, and 3,500 community visits each year, our Department provides critical integrated clinical services and preventive interventions to the Boston community, the Commonwealth of Massachusetts, as well as to greater New England, for children and families of all socioeconomic, ethnic-racial and cultural backgrounds.

The **Outpatient Psychiatry Service** offers comprehensive assessment and treatment services to children and their families. Using psychoeducational, cognitive, behavioral, dynamic, and psychopharmacologic treatment approaches in individual, family, and group modalities, the outpatient program provides evidence based care specifically to help patients and their families effectively manage neurodevelopmental, anxiety, mood, and stress disorders. There are three distinct clinics subsumed under this service: 1) Developmental Neuropsychiatry and Psychopharmacology, 2) Psychosocial Treatment (PSTP), and 3) Behavioral Medicine. This service is also the home for the Center for Neuropsychology which provides neuropsychological services to children with impaired brain functioning (e.g., tumors, seizures, traumatic brain injury, etc.).

The **Emergency Psychiatry Service** offers acute psychiatric assessment and disposition services on a 24-7 basis in the Hospital's emergency room. This program is staffed by psychiatric social workers with support from resource specialists. This program has ongoing research into identifying acute suicide risk in the hospital setting as well as an innovative family intervention to avoid psychiatric hospitalizations.



The **Psychiatry Consultation Service** is one of the nation's leading psychiatric consultation programs. Staff and trainees provide diagnostic and treatment services to all in-house Boston Children's Hospital medical and surgical wards, as well as to a variety of medical-surgical subspecialty services including the Cardiology, Cystic Fibrosis, Critical Care Medicine, Gastroenterology, Hematology-Oncology (Dana Farber Cancer Institute), Pain Medicine, and Solid Organ Transplant programs.

Inpatient psychiatry is a cornerstone experience in any training program where residents learn the fundamental diagnostic and therapeutic skills to work with the most severely disturbed and dysregulated patients in an interdisciplinary setting. The **Psychiatry Inpatient Service** is a 16-bed inpatient unit that specializes in caring for children and adolescents who struggle with depression, psychosis, anxiety, eating disorders, and other psychiatric illnesses. This unit has unique expertise in treating children with serious co-morbid physical illnesses such as brittle asthma and diabetes.

The **Children's Hospital Neighborhood Partnerships (CHNP)** is an innovative community mental health program based in 9 schools and 4 community health centers throughout Boston. CHNP concentrates its efforts on those neighborhoods that have a high prevalence of risk factors such as single parent households, families living in poverty, substandard housing, and health concerns such as low birth weight. The goal of CHNP is to spark systemic change in the provision of mental health services fourfold: by expanding access to mental health services for underserved children; by providing mental health training for practitioners; by increasing knowledge of mental health disorders and building capacity in community-based partner organizations to prevent and address mental health concerns; and by advocating for policy changes that support the creation of an effective mental health care system.

In CHNP, our residents are exposed to a continuum of services that incorporates the best existing practices in prevention, as well as the clinical assessment and treatment of children and their families in community settings. Major CHNP program components include on-site mental health consultants in schools, community health centers, and other community organizations; case management services for families in schools that promote connections to community health centers and other community-based resources; special assessments and services for children who have co-morbid medical, emotional, academic and behavioral issues; and larger-scale prevention programming to provide education and support to students, families and staff around concerns such as depression and suicide, bullying, and sexuality.

Our **Psychiatry Collaborative Services** involve providing co-located mental health services with Adolescent Medicine (including Eating Disorders), Developmental Medicine, Neurology, Gastroenterology, Anesthesiology and Pain Medicine, Sports Medicine, the Adolescent Substance Abuse Program, the Optimum Weight for Life

Program, the Infant Follow-Up Program, and Primary Care Pediatrics. Through these programs our residents participate in multidisciplinary specialty clinics in addictions (Adolescent Substance Abuse Program), developmental disabilities (Developmental Medicine Center), and child neurology, as a routine part of their required training. They may also take electives in any of these specialty areas. Finally, our Department partners with the Cambridge Superior Court to provide a comprehensive forensic experience for our trainees in the Family Probate Court Clinic.

BOSTON CHILDREN'S HOSPITAL – A QUICK PHOTO TOUR

Program for Behavioral Science – Research Opportunities

The mission of the **Program for Behavioral Science** (PBS) is *knowledge for children and families*. The PBS is conceived as a program to generate new knowledge that will impact the emotional, behavioral, social, and cognitive health of children and their families. Grounded in the Department's overarching vision, the priorities of the PBS are to identify critical gaps in the knowledge base required to promote healthy child development and reduce the burden of mental illness on children and families, and to propose research to fill these gaps. These priorities include: 1) research that is guided by a well-grounded appreciation of development, particularly the developing brain in its social context; i.e., research that goes "From Neurons to Neighborhoods", and 2) research that crosses traditional disciplinary boundaries; i.e., translational research.

We have structured the clinical aspects of our residency training program so that the majority of training experiences required by the ACGME are completed in the first year, allowing substantial discretionary time in the second year for personal pursuits, including research. Our residents are strongly supported if they show interest in participating in research. Residents may attend regularly scheduled open meetings in the PBS in order to meet faculty who may then serve as research mentors, so that they become aware of the opportunities open to them. Residents who intend to pursue research in earnest are assigned faculty mentors who work directly with them to develop ideas for projects.

The *Stuart J. Goldman Child Psychiatry Resident Development Fund* provides financial support to second-year residents to carry out research projects of their own. The goal of this award is to help residents complete an independent project that leads to the preparation and presentation of an original poster at a major national meeting, and may also serve as the basis for a peer-reviewed manuscript and applications for research fellowships after child psychiatry training.

In addition to the PBS, through its *Clinical Research Program* and the *Harvard Catalyst Program*, Boston Children's Hospital offers opportunities to trainees and faculty alike to enroll in basic or intermediate courses in clinical research design, biostatistics, and the use of statistical software packages.

Child & Adolescent Mental Health Initiatives – Our Advocacy Program

Our Department is a strong, active advocate, nationally, regionally and locally, for the highest quality mental health services for children and families. We work closely with the Hospital's Government Affairs Office to partner with community groups, consumer advocates, healthcare providers, educators and policy makers to improve mental health services and access for children and families through public policy and through community-based solutions. We consider it important that our residents be exposed to child mental health advocacy. Therefore, we offer instruction in advocacy issues and efforts through seminars given by the Government Affairs staff. In addition, we encourage residents with specific interests in this area to directly participate in our ongoing advocacy efforts [e.g., *Children's Mental Health Campaign* (CMHC)].

The CMHC was successful in introducing legislation in Massachusetts that incorporates critical components calling for changes that will: 1) Provide earlier identification of mental illness in children by reaching them in familiar and easily accessible settings, especially schools, early education programs, and pediatricians' offices, 2) Ensure that when identified, these illnesses are treated in the least restrictive, appropriate setting, 3) Improve insurance coverage for children with mental health needs, and 4) Restructure the oversight, evaluation and provision children's mental health services administered by the state.

Children's Hospital Global Partnerships in Psychiatry - Our International Program

In keeping with our Department's commitment to innovative quality mental health care for all children and families in need, we have established the Children's Hospital Global Partnerships in Psychiatry (CHGPP). CHGPP has two components. The CHGPP Observership Program is a cross-disciplinary program designed for physicians and psychologists residing outside the United States who have an interest in child and adolescent mental health. The goal of this program is to provide exposure to trained individuals from countries around the world who can then aid in the development of child mental health policy, foster child mental health clinical programming and otherwise serve as advocates for child mental health care in their respective countries of origin. This program also provides a venue for the faculties and students of Harvard University and other educational institutions in the Boston area to share their interests and activities related to child and adolescent international mental health. The program convenes symposia on selected topics of interest to the Harvard community and other interested parties.

Our Department's faculty is involved in ongoing collaborations with mental health professionals and academicians from over 18 different countries including China, Costa Rica, Haiti, Finland, France, Norway, Sweden, The Netherlands, Nigeria, Rwanda, Somalia, Tanzania, and Turkey. These collaborations include initiatives to improve access to quality mental health care, establish school-based mental health programs, and provide preventive interventions to families at risk for depression. Our **Children's Hospital Center for Refugee Trauma and Resilience** provides our residents with the opportunity to participate in work with children and families who have been displaced as a result of war, civil unrest, terrorism, or natural disasters.

As a result of all these activities, our residents have the opportunity to conduct research abroad and learn directly from our senior faculty as well as colleagues from around the world about the challenges of providing quality mental health care to children and families outside the United States.

CHILD & ADOLESCENT RESIDENCY PROGRAM DESCRIPTION – Year I

[Just a little bit of hand holding…]

It is a universal challenge in medical education that residents are exposed to patients with the most complex problems and greatest needs when they themselves are the least experienced in terms of their own professional development. Realizing this, we have structured our two-year program to provide a graded learning experience for our residents that is built upon direct, readily available supervision and role modeling. The program is designed to provide timely, relevant instruction and supervision around the fundamentals of child psychiatry that are responsive to the residents' growth as developing professionals, and acknowledges the challenges of entering a new field.

The organization and structure of our clinical rotations and our experiential approach to clinical supervision lend themselves to a flexible approach across our training sites. This allows us to provide intense, hands-on supervision when and where it is needed, taking full advantage of critical teaching moments, as well as flexing to allow increasing autonomy as each resident demonstrates their emerging competencies.

The first year of training is designed to provide our residents with the core clinical skills of assessment and intervention that are crucial to all clinical settings from the psychiatric inpatient unit and medical consultation service, to the outpatient clinic and emergency department, to school-based consultation. In each context, developing proficiency in case formulation and treatment planning are the core skills that inform all their work. The clinical rotations are integrated with didactic and supervisory experiences to ensure that relevant medical knowledge is imparted in a timely fashion

The first year is divided into **three 4-month rotation blocks: inpatient, outpatient, and consultation psychiatry**. In conjunction with these rotations, residents also participate in a 12-month continuity clinic, and in year-long didactic seminars.

Year I Outline

4 months	Psychiatry Inpatient Service
4 months	Psychiatry Consultation Service
4 months	Outpatient Specialty Clinics and School Consultation
12 months	Outpatient Psychiatry Service Psychosocial Treatment Program – 3 hours/week Psychopharmacology Program - 2 hours/week
12 months	Core Seminars

Psychiatry Inpatient Service (PIS) The unique training goals of the PIS rotation are to teach residents to evaluate and manage children, adolescents, and their families, who present with severe psychiatric illnesses, or co-morbid medical-psychiatric illnesses, requiring care in a more restrictive inpatient setting. In this setting our residents function as the primary clinician for two patients. This involves all aspects of patient care, from family, to individual, to pharmacotherapy. They also provide medication management for two additional patients. During this four-month rotation residents receive supervision from their team attendings and staff social workers, as well as from the medical director. In keeping with our experiential model of training, attending staff, social work staff and residents routinely see patients and families jointly. Rotation-specific didactics are also provided. A dedicated resource specialist is available to assist in planning for mental health care following discharge from the inpatient psychiatric service to free up time so that residents can focus on clinical care and learning.

Psychiatry Consultation Service (PCS) The unique training goals of the PCS rotation are to teach residents to evaluate and manage children, adolescents, and their families, who present with a range of psychiatric needs on inpatient medical settings. Working on the interface between psychiatry and pediatrics challenges residents to refine their differential diagnostic and systems management skills, and to develop and implement comprehensive treatment plans in a non-psychiatric milieu. During this four-month rotation residents work closely with their assigned consult attending to evaluate and follow patients during their medical hospitalization. Rotation-specific didactics are also provided. A dedicated resource specialist is available to assist in planning for mental health care following discharge from the medical service to free up time so that residents can focus on clinical care and learning.

Throughout the course of the first year, residents maintain a continuity clinic in the **Outpatient Psychiatry Service** (OPS) one afternoon each week. The unique training goals of the OPS are to teach residents to conduct comprehensive evaluations, and to formulate and carry out related evidence-based disposition and treatment plans for children, adolescents, and their families, who present with a wide range of psychiatric needs requiring ongoing, longer-term care in less restrictive outpatient settings. Each

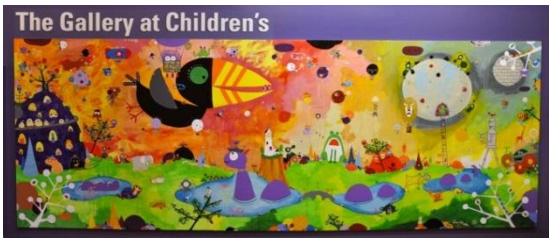
afternoon clinic is supervised by onsite attendings who see patients jointly with residents. In addition, these same supervising attendings review ongoing treatment cases individually with the resident in a more traditional supervisory format.

In addition to this 12-month continuity clinic, for four months during the first year residents perform their primary clinical duties and training in a variety of outpatient settings. These include two afternoons each week in the **Psychiatry Second Opinion Clinic**, one afternoon each week in **Neurology Clinic**, one morning each week in the **Developmental Medicine Center**, and one morning each week in the **Adolescent Substance Abuse Program**.

During this rotation residents also frequent a **Boston Public School** one afternoon each week. The public school experience combines normative observational experiences across a wider age range of typically developing children from kindergarten through middle school, with the added opportunity to provide clinical consultations onsite in the school setting.

Throughout both years of training residents take emergency call, providing acute care for patients presenting with psychiatric emergencies in multiple hospital contexts, including the emergency department, the inpatient psychiatry unit, and the general hospital. Emergency evaluations and treatment are core skills for the child and adolescent psychiatrist. We provide a progressive, structured and supervised set of experiences to ensure the development of these critical abilities. Beginning with a gradual phase-in involving shadow calls and seminars during the summer of the first year of training, and continuing with ongoing case teaching, our residents have the support and structure needed to master the challenges they face when providing emergency psychiatric care.

CHILD & ADOLESCENT RESIDENCY PROGRAM DESCRIPTION – Year II



[But then you soar!]

With the transition to the second year of training comes the expectation that our residents will show increasing autonomy and independence in the expression of their developing skills and competencies as child psychiatrists. We continue to provide an experiential teaching model where senior staff are present on-site at all times and are available to jointly see patients and families with our residents, but residents progress to spending more time seeing their patients and families independently. They typically initiate requests for onsite supervision, much in the same way that colleagues provide second opinion consultations to each other.

The second year of residency training is designed to build in breadth and in depth upon the core skills and competencies that our residents began developing during their first year of training. Given that the majority of core training requirements are fulfilled during the first year, a highlight of our program is that residents have ample time to pursue specific areas of their own personal interest clinically and academically. By the end of the second year our residents feel prepared to enter the field of child and adolescent psychiatry in the particular areas of their choosing.

The core clinical experiences of the second year are a twelve-month hospital-based outpatient psychiatry experience, a six-month community-based experience, and a three-month family court experience.

Year II Outline

12 months	Outpatient Psychiatry Service Psychosocial Treatment Program – 8 hours/week Psychopharmacology Program - 4 hours/week
3 months	Cambridge Family Probate Court Clinic - 4 hours/week
6 months	Boston University Medical Center: Community Mental Health – 5 hours/week
12 months	Elective and Administrative Time (16-20 plus hours/week)
12 months	Core Seminars

On the **Outpatient Psychiatry Service**, in the second year, residents increase their clinical time from one to two half-day clinics per week. This second year outpatient experience builds upon their developing skills of assessment, psychotherapy and pharmacotherapy, refining these skills through the experience of working with a wider range of patients. The supervisory structure for this expanded outpatient experience is the same as that for the first year. During the course of the second year, each resident also participates in at least one 12-week group therapy experience as a co-facilitator with a senior staff social worker. Residents may elect to do more groups.

All second-year residents complete a six-month rotation working in the **Child and Adolescent Psychiatry Outpatient Clinic at Boston University Medical Center** (**BMC**) in fulfillment of their community service requirements. The role of our residents in this setting is to serve as junior attendings and provide direct supervision and teaching to the general psychiatry residents in the BMC program in the assessment and treatment of their child and adolescent outpatients, which generally represents a younger and under-served minority population of patients.

Residents with a particular interest in community and public sector psychiatry may elect to devote additional time in the BMC program or in one of the many settings of the **Children's Hospital Neighborhood Partnerships** program.

The **Cambridge Family Probate Court Clinic** affords our residents the opportunity to learn the skills required to function as a consultant to the legal system around matters related to the mental health needs and best interests of children whose families come before the probate court to address issues such as domestic disputes involving custody and visitation.

Over the course of **the entire second year** of training, residents have an average of **16 and 20 hours plus/week of elective and administrative time** to pursue any advocacy, clinical, community, educational, or research interests they may have. Faculty mentors play an essential role in helping residents to plan for these opportunities.

CORE SEMINARS

The core didactic seminars in our child and adolescent psychiatry residency are an integrated series designed to cover child development, developmental neuroscience and mental health topics from the historical to the most contemporary. They draw upon the resources of the Boston Children's Hospital Department of Psychiatry and the Consolidated Department of Psychiatry at Harvard Medical School.

YEAR I

Harvard Consolidated Department of Psychiatry Collaborative Core Seminar

Normal Development, Developmental Neuroscience, and Developmental Psychopathology	3 hrs/week	10 months

Department of Psychiatry at Boston Children's Hospital Core Seminars

Intensive Orientation Seminar (summer)	8 hrs/week	2 months
Psychotherapy Seminar	2 hrs/week	10 months
Psychopharmacology Seminar	4 hrs/month	10 months
Psychiatry Grand Rounds	2 hrs/month	10 months
Interdisciplinary Case Conference	1 hr/month	12 months
Morbidity and Mortality Conference	1 hr/month	12 months
Diversity Seminar	2 hrs/week	6 weeks
Rotation Specific Didactics	2-3 hrs/week	12 months
Call Clinical Presentation Seminar	2 hrs/month	6 months

YEAR II

Department of Psychiatry at Boston Children's Hospital Core Seminars

Mindfulness Training (summer)	2 hrs/week	2 months
Research Literacy Seminar	1 hr/week	10 months
Psychotherapy Seminar	4 hrs/month	10 months
Family Therapy Seminar	2 hrs/month	10 months
Psychiatry Grand Rounds	2 hrs/month	10 months
Interdisciplinary Case Conference	1 hr/month	12 months
Morbidity and Mortality Conference	1 hr/month	12 months
Group Therapy Seminar	1 hr/week	12 weeks
Advanced Clinical Practice	2 hr/month	10 months
Issues in Clinical Practice	1 hr/month	10 months
Transitions to Practice	2 hrs/month	10 months

ADDITIONAL PROGRAM INFORMATION

Our Program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME) for five residents per training year. Residents in good standing will be eligible for specialty boards in Child and Adolescent Psychiatry providing they have met the other requirements as described by the Board.

Appointments begin July 1 and will be for two years.

Salaries

Effective July 2013, the following are the salaries according to postgraduate level.

Resident - PGY IV	$ 66,368.00
Resident - PGY V	$ 70,903.00
Resident - PGY VI	$ 76,378.00
Resident - PGY VII	$ 78,643.00

Housing Assistance

The Lease Guaranty Program at Boston Children's Hospital: All residents and fellows who receive a salary from Boston Children's Hospital are eligible to participate in this program which helps alleviate the burden of security deposits/last month's rent when renting a new apartment.

Health, Malpractice and Other Insurance Benefits

Residents receive malpractice insurance coverage while serving Boston Children's Hospital patients. House officers may enroll in a variety of health insurance and health maintenance organization programs. Dental insurance, disability insurance, life insurance, and travel insurance for hospital business are also provided for house officers.

Transportation/Parking

Children's Hospital is convenient to various modes of public transportation (bus, commuter rail and subway), the Hospital provides subsidies fro monthly commuter passes, and there is also discounted parking available to house staff.

Child Care Center

Boston Children's Hospital has established a Child Care Center for the children of hospital employees and staff in response to the need for high quality, convenient childcare. The hours of operation are 6:30 a.m. to 6:00 p.m., Monday through Friday, except for Hospital-recognized holidays. The Center can accommodate 42 children, ages three months to five years. There are some reduced tuition rates available and these are offered based on gross family income on a first-come, first-served basis. For more information about the program, or for a tour, please call (617) 355-6006.

Vacation/Leave

Four weeks vacation and one week of conference time are allotted for each year of training. Residents are expected to give at least eight weeks notice prior to taking vacation or conference time. Absences during the first two months of training are discouraged and require special permission from the Training Director.

Educational Resources for Books and Travel to Meetings

Upon entry to our program residents receive textbooks covering: 1) general child and adolescent psychiatry, 2) child psychiatry and the law, 3) pediatric psychosomatic medicine, 4) psychotherapeutic approaches to children and adolescents, and 5) pediatric psychopharmacology.

Each resident receives a $500.00 /year allowance to be used towards expenses incurred when attending conferences. Should a resident present a poster/abstract/paper at a conference, s/he will have up to $1,500.00 /year allowance for such travel expenses.

On-Call Duties

Over the course of the 2 years of training, residents are on-call on average once **every 10th night/ 10th weekend day**. Residents are primary call only on Saturdays, Sundays, and holidays from 8 am to 11 pm. On weeknights and after 11pm, when they are not primary call, residents are not responsible for consultations in the Emergency Department nor the medical/surgical floors unless the primary mental health clinicians need back-up assistance. However, residents are responsible for admissions to Bader 5 if they take place after regular work hours.

All call is **taken from home**, except for morning rounds on weekends and holidays. On-call attending staff round with the resident, and also review each new case seen in consultation by the resident. Attendings are available to jointly see cases when indicated and to directly assist residents when the volume of calls is high. A resource specialist works the busiest 20 hours of the Saturday and Sunday call, in order to assist the resident with any disposition work that is needed.

Moonlighting Policy

Moonlighting at other facilities is permitted, and residents are covered for malpractice while moonlighting. Residents are allowed to moonlight a total of two weeknights and one weekend day per month. Residents must inform the Training Director of their moonlighting activity.

APPLICATION PROCESS

Graduates of U.S. or international medical schools, who will have completed at least three years of General Psychiatry or Pediatrics residency and USMLE steps 1 through 3, are eligible to apply. Our application process is now part of the ERAS system. Please email Carol Berne for further instructions. Applications must include: 1) a completed application form; 2) Dean's letter; 3) medical school transcript; 4) USMLE scores; 5) three letters of reference; 6) curriculum vita; and, a personal statement.

Foreign citizens who wish to enter the United States for postgraduate training must comply with the United States Immigration Laws, in addition to following the application procedure described above. Foreign medical school graduates should contact the Educational Commission for Foreign Medical Graduates (3624 Market Street, Philadelphia, PA 19104, [215-386-5900], www.ecfmg.org) for details concerning their requirements.

Boston Children's Hospital participates in the National Resident Matching Program (www.nrmp.org) and complies with all of its rules and regulations. Please note that all offers for positions in our training program are contingent upon the successful completion of any pertinent prior residency training, as well as all hospital required pre-employment matters. This includes the satisfactory completion of the credentialing process, and receipt of acceptable final evaluations and letters of references.

For inquiries please contact:

Robert L. Kitts, MD
Director of Residency Training
Children's Hospital Boston
300 Longwood Avenue
Boston, MA 02115
Phone: 857-218-5053
robert.kitts@childrens.harvard.edu

For applications please contact:

Carol L. Berne, Training Coordinator
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Children's Hospital Boston
300 Longwood Avenue
Boston, MA 02115
617-355-4563
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Our 2012-2013 Child & Adolescent Psychiatry Residents

First Year

Gabriela Iagaru, MD	gabriela.iagaru@childrens.harvard.edu
Hyun Jung Kim, MD	hyunjung.kim2@childrens.harvard.edu
Elliott Martin, MD	elliott.martin@childrens.harvard.edu
Othman Mohammad, MD	othman.mohammad@childrens.harvard.edu
Noshene Ranjbar, MD	noshene.ranjbar@childrens.harvard.edu

Second Year

Eleni Maneta, MD	eleni.maneta@childrens.harvard.edu
Ujjwal Ramtekkar, MD	ujjwal.ramtekkar@childrens.harvard.edu
Darryl Smith, MD	darryl.smith@childrens.harvard.edu
Ashley Storrs, MD	ashley.storrs@childrens.harvard.edu
Amelia Villagomez, MD	amelia.villagomez@childrens.harvard.edu

Our residents at the annual fall retreat, October 2012
Kneeling L to R: Othman Mohammad, Eleni Maneta, Noshene Ranjbar, Hyun Jung Kim
Standing L to R: Ujjwal Ramtekkar, Gabriela Iagaru, Elliott Martin,
Ashley Storrs, Amelia Villagomez
Missing: Darryl Smith

Accomplishments of Our Current Residents and Recent Graduates

(Graduating Class of 2010 to present)

Peer-Reviewed Publications

Adelson, S., **Leibowitz S**, et al. "Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescence." *Journal of American Academy of Child and Adolescent Psychiatry.* 2012. 51(9):957-974.

Bellapravalu S, Zarrouf F, Zaldivar G, Sirbu C, Haider A, Nazha H, Patel T, **Shaikh KR**, Moore J, Griffith. The Effect of Body Mass Index on Obstructive Sleep Apnea Severity and CPAP Compliance in West Virginia. *Sleep*. 2008: 31; A200.

Gonzalez-Heydrich J, **Hamoda HM**, Luna L, Rao S, McClendon J, Rotella P, Waber D, Boyer k, Faraone S, Whitney J, Guild D, Biederman J. Elevated Rates of ADHD in Mothers of Children with Co-Morbid ADHD and Epilepsy. *Neuropsychiatry*. In press.

Hamoda H, Osser D. The Psychopharmacology Algorithm Project at the Harvard South Shore Program: An Update on Psychotic Depression. *Harvard Review of Psychiatry*. 2008; 16(4): 235-247.

Hamoda H, Belfer M. Challenges in International Collaboration in Child and Adolescent Psychiatry. *Journal of Child and Adolescent Mental Health*. 2010; 2(22): 83-89.

Hamoda H, Bauer M, DeMaso D, Sanders K, Mezzacappa E. A Competency-Based Model for Research Training during Psychiatry Residency. *Harvard Review of Psychiatry*. 2011; 19:78-85.

Hamoda HM, Sacks D, Sciolla A, Diwan M, Fernandez A, Gogineni R, Goldberg J, Kramer M, Saunders R, Sperber J, Rao N. A Roadmap for Observership Programs in Psychiatry for International Medical Graduates. *Academic Psychiatry*. 2012; 36: 1-7.

Iagaru G. Neural Correlates of Creativity and the Link to Mental Illness. *American Journal of Psychiatry Residents' Journal*. 2010; 5: (Nov) 3.

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Martin, EB, Jr., On Being 'Entitled', or Why a Little Knowledge Is a Scary Thing, *Bulletin for the Association for the Advancement of Philosophy and Psychiatry*, 18:2, Spring 2012.

Martin, EB, Jr., et. al., The Six Most Essential Questions in Psychiatric Diagnosis: A Pluralogue, *Journal of Philosophy, Ethics, and Humanities in Medicine*, 7:3, 2012.

Martin, EB, Jr., The Greeks May Have the Last Word, but Who Has the First?, *Historia Medicinae*, George Washington University, 1:2, Spring 2010.

Martin, EB, Jr., "The Virtuous Physician: A New Translation of a Pseudo-Hippocratic Text and its Implications for the History of Moral Inquiry: or, The Significance of an Insignificant Text", *Journal of the Interdisciplinary History of Ideas*, vol. 1, no. 2. December, 2012, 1-41.

Martin, EB, Jr., "The Evidence before One's Eyes: A Case Report on Schizo-Obsessive Disorder", *Case Reports in Psychiatry*, vol. 2012 (Fall, 2012) 1-4.

Mezzacappa E, **Hamoda H**, DeMaso DR. (2012). Promoting scholarship during child and adolescent psychiatry residency. *Academic Psychiatry*. 36(6): 1-5.

Nguyen AD, Shenton ME., Levitt JJ. Olfactory Dysfunction in Schizophrenia: A Review of Neuroanatomy and Psychophysiological Measurements. *Harvard Review of Psychiatry*, 2010 18(5).

Nguyen AD, Pelavin PE, Shenton ME, Chilakamarri P, McCarley RW, Nestor PG, Levitt JL. Olfactory Sulcal Depth and Olfactory Bulb Volume in Patients with Schizophrenia: An MRI Study. *Brain Imaging and Behavior,* 2011, 6(3).

Ramtekkar UP, Reiersen AR, Todorov A, Todd RD. Sex and age differences in Attention Deficit Hyperactivity Disorder symptoms and diagnoses: Implications for DSM-5 and ICD-11. *Journal of the American Academy of Child and Adolescent Psychiatry*, 2010; 49(3): 217-228.

Rao N, Mian A, **Ramtekkar U**, Kamarajan C, Jibson M, "Psychiatric Residents' Attitudes toward and Experiences with the Clinical Skills Verification Process: A Pilot Study of US and International Medical Graduates. *Academic Psychiatry*, 2012;36:316-322.

Sacks D, **Hamoda HM,** Sciolla A, Diwan M, Fernandez A, Gogineni R, Goldberg J, Kramer M, Saunders R, Sperber J, Rao N. A Roadmap for Observership Programs in Psychiatry for International Medical Graduates. *Academic Psychiatry* (In press).

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Spack N P, Edwards-Leeper L, Feldman H, **Leibowitz S**, Mandel F, Diamond DA, Vance S R. Characteristics of Children and Adolescents with Gender Identity Disorder Referred to a Pediatric Medical Center. *Pediatrics*, 2012, 129(3): 418-425.

Zahid MA, Ohaeri JU, Elshazli AS, Basiouny MA, **Hamoda HM**, Varghese R. Correlates of Quality of life in an Arab Schizophrenia Sample. *Social Psychiatry and Psychiatric Epidemiology*. 2010; 45(9):875-887.

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Chapters and Reviews

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Hamoda H, Guild D, Gumlak S, Travers B, Gonzalez-Heydrich J. The Association between ADHD and Epilepsy in Pediatric Populations. *Expert Reviews Neurotherapeutics* 2009; 9: 1747-1754.

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Ramtekkar U, Ivanenko A, Kothare S. Physiology and content of dreams. In: *Parasomnias: Clinical characteristics and treatment*. Publisher: Springer, 2013.

Ramtekkar U, Mezzacappa E. Is ADHD an independent risk factor for cannabis use? A literature review. *Comprehensive Psychiatry*, November, 2012. In press.

Shenton ME, **Hamoda HM**, Schneiderman JS, Bouix S, Pasternak O, Rathi Y, Vu M-A, Purohit MP, Helmer K, Koerte I, Lin AP, Westin C-F, Kikinis R, Kubicki M, Stern RA, Zafonte R. A Review of Magnetic Resonance Imaging and Diffusion Tensor Imaging Findings in Mild Traumatic Brain Injury. *Brain Imaging and Behavior.* 2012; 6 (2): 137-192.

Shoirah H, **Hamoda HM**. Electroconvulsive Therapy in Children and Adolescents; A Review. *Expert Reviews Neurotherapeutics*, 2011: 11(1): 127-137.

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Villagomez A. Examination and Diagnosis, *First Aid for Psychiatry.* Ed. Jason Yanofski. McGraw-Hill, 2010.

Research Posters

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Aggarwal N, Brody B, Cattell G, Cochran D, Garber, M, Giannandrea S, **Hamoda H**, Koh S, Krasner A, Langheimn F, Lemaire C, Lewis R, Sasso D, Testa M. Assessing and Managing Online Presence and Clinical Use of Social Media: Lessons from the Group for Advancement of Psychiatry (GAP) 2010 Fellows Plenary Session. *American Psychiatric Association*. 2011. Honolulu, Hawaii.

Mezzacappa E, DeMaso D, **Hamoda H.** Promoting Scholarship during Child Psychiatry Residency Training. *European Society of Child and Adolescent Psychiatry*. June 13, 2011. Helsinki, Finland.

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Hamoda H, Belfer M. Challenges in International Collaboration in Child and Adolescent Psychiatry and Potential Solutions. Biennial Meeting of the *International Association of Child and Adolescent Psychiatrist and Allied Professions*, Beijing, June 2-6 2010.

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Hamoda H, Guild D, Gumlak S, Travers B, Gonzalez-Heydrich J. Association between ADHD and Epilepsy in Pediatric Populations. *Harvard Medical School Department of Psychiatry Research Day*, March 24, 2010.

Hamoda H, Gonzalez-Heydrich J. Elevated Rates of ADHD in Mothers of Children with Co-Morbid ADHD and Epilepsy. *American Academy of Child and Adolescent Psychiatry* (AACAP). Honolulu, October 27-November 1, 2009.

Hamoda H, Bauer M, Sanders K, Mezzacappa E**.** Research Skills Development During Psychiatry Residency Training: A Competence-Based Approach. *Harvard Medical School Department of Psychiatry Research Day* April 8, 2009.

Maneta E.K., Cohen S., Waldinger R.J. 2010. The long-term impact of childhood physical abuse on romantic relationships. *Harvard Medical School Department of Psychiatry Research Day*, Boston MA. (semifinalist for the Solomon Award for best resident poster)

Maneta E.K., Cohen S., Schulz M., Waldinger R.J. 2011. The long-term impact of childhood physical abuse on romantic relationships: The mediating role of anger expression. *American Psychiatric Association*. 2011. Honolulu, HI

Mohammad O and Osser D. 2011. A psychopharmacology algorithm for Bipolar Mania. *Harvard Medical School Department of Psychiatry Research Day*.

Moura CMC, Souza THP, **Ribeiro MV**, Andrade GM. Effect of methylphenidate or reboxetine in locomotor activity, depression and anxiety in animal models of attention deficit induced by ethanol lesion. *Federation of Experimental Biology Societies*, Fortaleza, Brazil. 2008.

Nguyen AD: Olfactory Dysfunction in Schizophrenia and Brain Neuroimaging. *Harvard Medical School Department of Psychiatry Research Day* April 8, 2009.

Pang P Diagnosis and Management of Children and Adolescents with Disorder of Sex Development (DSD) – A Review of cross-cultural research. *National Pediatric Endocrine, Genetics and Metabolic Diseases Forum and State Pediatric Continuing Medical Education*, Beijing, China May 25-29, 2012.

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Pang P. The role of Tai Chi Chuan in improving the quality of life and reducing depression and anxiety: A meta-analysis of literature review and a cross-over study design. . *American Academy of Child and Adolescent Psychiatry,* 56th Annual Meeting. 2009. Honolulu, Hawai'i.

Ramtekkar U and Mezzacappa E. Is ADHD an independent risk factor for cannabis use?: A literature review. *American Psychopathological Association*, New York, March 1-3. 2012

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Rashid A, Hashmi S, Connor D. Pilot study of Types of Aggression in Emotionally Disturbed Adolescent Females. *European Society of Child and Adolescent Psychiatry*, Budapest, 2009.

Rashid A. Subtypes of Aggression and Callous-Unemotional Traits in Adolescent Females. *Harvard Medical School Department of Psychiatry Research Day*, April 8, 2009.

Rashid A, Hashmi S, Connor D. Pilot study of Types of Aggression in Emotionally Disturbed Adolescent Females in Residential Settings. *American Academy of Child and Adolescent Psychiatry*, 55th Annual Meeting, Chicago, 2008.

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Storrs A. The Relationship Between Childhood Trauma and Adult Onset Schizophrenia: What We Know Now. *3rd Schizophrenia International Research Society Conference*: The Globalization of Research, April 2012, Florence, Italy

Storrs A. Access To Mental Health Services For Children In Foster Care: An Overview Of What We Have Learned Over The Decade. Systems of Care Special Program Poster Session, *American and Canadian Academies of Child and Adolescent Psychiatry* Joint Annual Meeting October 2011, Toronto, Canada

Sundaramoorthy K, Margaret Briggs-Gowan. The long-term effects of trauma on child psychopathology may be mediated by the quality of the maternal-child dyad. *American Academy of Child and Adolescent Psychiatry*, 55th Annual Meeting, Chicago 2008.

Diaz, E., Hafler, J., Aggarwal, N., Armah, T., **Villagomez, A**., Knudson-Gonzalez, D. "Designing and Implementing a Curriculum on Cultural Sensitivity". Accepted for presentation at the Annual meeting of the *American Association of Directors of Psychiatry Residency Training*, March 2011, Austin, Texas.

Presentations, Symposia and Workshops

Gonzalez-Heydrich J, **Hamoda H**, Luna L , Rao S, McClendon J, Rotella P, Waber D, Boyer K, Faraone S, Whitney J, Guild D, Biederman J. Elevated Rates of ADHD in Mothers of Children with Co-Morbid ADHD and Epilepsy. *International Association of Child and Adolescent Psychiatry and Allied Professions.* 2010. Beijing, China.

Hamoda H. Abnormalities in Cerebellar-Thalamic Connections in Patients with First-Episode and Chronic Schizophrenia: A DTI Study. *American Psychiatric Association Research Colloquium for Junior Investigators*. 2011.

Hamoda H and Belfer M**.** Challenges in International Collaboration in Child and Adolescent Psychiatry and Potential Solutions. *International Association of Child and Adolescent Psychiatry and Allied Professions*. 2010. Beijing, China.

Hamoda H. Academic Development for early career Mental Health Professionals. *International Association of Child and Adolescent Psychiatry and Allied Professions*. 2012. Paris, France.

Leibowitz, SF. The Suicide Crisis in Sexual and Gender Minority Youth: Risk Factors, Clinical Issues, and Intervention Strategies. *American and Canadian Academies of Child and Adolescent Psychiatry* Joint Annual Meeting October 2011, Toronto, Canada.

Leibowitz SF, Spack N, Edwards-Leeper L, Mandel F. Gender-Variant and Transgender Youth: A Model for an Interdisciplinary Collaborative Treatment Program in an Academic Children's Hospital. *World Professional Association for Transgender Health*, 22nd Biennial Symposium, September 24-28, 2011, Atlanta, Georgia.

Leibowitz SF & Tellingator C. GLBT Youth and Parents: Working with Families of the 21st Century. *American Association of Directors of Psychiatry Residency Training*, 40th Annual Meeting, Austin Texas, March 2011.

Leibowitz SF. Workshop Chairman: Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century, *American Psychiatric Association* 163rd Annual Meeting, New Orleans, May 2010.

Leibowitz SF. Workshop Chairman: Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century, *American Academy of Child and Adolescent Psychiatry*, 56th Annual Meeting, Honolulu, October 2009.

Smith D and Chang K. Pediatric Bipolar Disorder. Symposium held at the annual meeting of the *American Psychiatric Association*, Philadelphia, May 2012.

Storrs A. "Suspect Child Abuse and Neglect". *Texas Regional Psychiatry Minority Network Spring Conference*. March 25th, 2011

Villagomez A. What I Wish I Knew When the Disaster Struck," *American Psychiatric Association* Annual Meeting, May 2012

Villagomez A. The Tumultuous Marriage of Religion and Psychiatry and the Birth of the Bio-psycho-socio-spiritual Formulation, *American Psychiatric Association* Annual Meeting, May 2011